

Maryland Medical Assistance Program Applied Behavior Analysis (ABA) Provider Manual

Effective January 1, 2019

Contents

ABA Overview	3
Regulatory Authority	3
Purpose	3
HIPAA	3
National Provider Identifier	4
Provider Enrollment and Registration	4
Guidelines for Coursework and Supervisory Experience of Licensed Psychologists	5
Preauthorization of Services	5
Medical Assistance Payments	5
Covered Services	6
Limitations	7
Contact Information	8
ABA Fee Schedule	9

ABA Overview

As of January 1, 2017, the Maryland Department of Health (the Department) covers medically necessary Applied Behavior Analysis (ABA) therapy services for Medicaid enrolled members under the age of 21. In order for a child/adolescent to receive ABA therapy services, he/she must be diagnosed with an Autism Spectrum Disorder (ASD) by a qualified health care professional (a developmental pediatrician, pediatric neurologist, child psychiatrist, clinical psychologist, a neuropsychologist, a pediatrician, or a nurse practitioner) with training and experience to diagnose ASD through the use of a comprehensive diagnostic evaluation, resulting in a referral for ABA therapy services.

ABA services are only available under the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program. The EPSDT program is a program that offers comprehensive and preventive health care services for individuals under age 21 who are enrolled in the Maryland Medical Assistance Program. ABA services will be covered and reimbursed by the Medical Assistance fee-for-service program through *Beacon Health Options*.

Regulatory Authority

This manual derives its legal authority from Code of Maryland Regulations (COMAR) 10.09.28, titled Applied Behavior Analysis Services. The regulations may be viewed in their entirety online at the Maryland Division of State Documents website: <http://www.dsd.state.md.us/COMAR/ComarHome.html>.

Purpose

The purpose of this manual is to provide policy and billing instructions for providers rendering ABA services. ABA providers will bill on the CMS-1500 claim form if billing on paper or, if billing electronically, bill on the CMS 837P (professional) claim format. The Program will accept only the revised CMS-1500 form (version 02-12), in accordance with Federal mandate. Providers of ABA services are reimbursed in accordance with the *ABA Fee Schedule* that is found on pp. 9-10 of this manual.

HIPAA

The Administrative Simplification provisions of the **Health Insurance Portability and Accountability Act (HIPAA)** of 1996 require that standard electronic health transactions be used by health plans including private, commercial, Medical Assistance (Medicaid), Medicare, health care clearinghouses and health care providers. A major intent of the law is to allow providers to meet the data needs of every insurer electronically, with one billing format, using health care industry standard sets of data and codes.

In January 2009, the Federal government mandated the implementation of HIPAA-compliant 5010 transaction standards to support the mandated upgrade to the ICD-10-CM classification system. 5010 compliance allows for improved technical coordination, accommodation for evolving business needs, and consistency in reporting requirements. The 5010 compliance was implemented on July 1, 2012.

Any questions regarding 5010 compliance should be directed to ***Beacon Health Options*** at **1-800-888-1965**.

More information on HIPAA may be obtained from: <http://www.hhs.gov/hipaa/for-professionals/index.html>.

National Provider Identifier (NPI)

All health care providers that render ABA services must have a NPI. The NPI is a unique, 10-digit, numeric identifier that does not expire or change. NPI's are assigned to improve the efficiency and effectiveness of the electronic transmission of health information. Implementation of the NPI impacts all practice, office, or institutional functions including billing, reporting and payment.

The NPI is administered by the Centers of Medicare and Medicaid Services (CMS) and is required by HIPAA. Apply for an NPI by using the web-based application process via the National Plan and Provider Enumeration System (NPPES) at <https://nppes.cms.hhs.gov/NPPES/Welcome.do>.

Provider Enrollment and Registration

All ABA providers must first enroll with Maryland Medicaid to receive a Medicaid provider number and then must register with Beacon Health Options. ABA providers may enroll in the Maryland Medical Assistance Program as an individual ABA provider and/or a group ABA provider.

To enroll with the Maryland Medical Assistance Program, all ABA group practices and individual licensed psychologists, BCBA-Ds, BCBAs, BCaBAs, and RBTs must enroll through the Maryland Medicaid's electronic Provider Revalidation and Enrollment Portal (ePREP) at <https://eprep.health.maryland.gov/sso/login.do?>. The ePREP is the one-stop shop for provider enrollment, re-enrollment, revalidation, information updates and demographic changes. Licensed psychologists who are already enrolled with the Maryland Medical Assistance program must complete the ***ABA Attestation Form*** at <https://mmcp.dhmx.maryland.gov/epsdt/ABA/Pages/Home.aspx>.

To register with **Beacon Health Option**, please go to http://maryland.beaconhealthoptions.com/provider/provider_home.html.

Guidelines for Educational Coursework and Supervisory Experience of Licensed Psychologists

Listed below are some guidelines on coursework and experience for psychologists who wish to provide ABA services to Maryland Medical Assistance Program participants:

- **Coursework:** Master's degree or doctoral degree in psychology that includes, at a minimum, 40 coursework hours in behavior analysis, behavior management theory, techniques, interventions and ethics, and autism spectrum disorders; *and*
- **Supervisory experience:** At a minimum, one year (1,500 hours) of supervised clinical experience inclusive of:
 - a. Minimum one year direct care services to children; *and*
 - b. Minimum one year direct care utilizing applied behavior analysis, behavior techniques, interventions and monitoring of behavior plan implementation; *and*
 - c. Experience must have included work with individuals with ASD.

Preauthorization of Services

All ABA services require prior authorization from the behavioral health ASO contracted by MDH – Beacon Health Options. The ASO will only authorize ABA services if a qualified health care professional completes a comprehensive diagnostic evaluation and prescribes medically necessary ABA services. Then, a psychologist, BCBA-D, or BCBA must complete an assessment of the child/adolescent and develop a detailed treatment plan.

Preauthorization for services from the ASO are valid for a maximum of 180 days. Prior to the end of the authorization period, the psychologist, BCBA-D, or BCBA must administer a reassessment of the child/adolescent's need for ABA services in order to determine if services continue to be medically necessary. A reassessment and subsequent preauthorization will be required every 180 days for the duration of the child/adolescent's treatment. Please visit **Beacon Health Options** at http://maryland.beaconhealthoptions.com/provider/provider_home.html to obtain preauthorization for ABA services.

Medical Assistance Payments

All payments made by the Program to providers shall be considered payment in full for services rendered. Providers are prohibited from collecting additional payment from Program participants or participants' families for either covered or denied services. Such action constitutes an overpayment and is in violation of both Federal and State regulations.

The Program shall provide fee-for-service reimbursement for covered ABA services to the following ABA providers:

- An ABA group, and
- An individual ABA provider (psychologist, BCBA-D or BCBA).

BCaBAs and RBTs rendering ABA services cannot bill directly to the Maryland Medical Assistance Program and receive reimbursement.

Claims for all ABA services must be submitted to Beacon Health Options for reimbursement.

Covered Services

ABA services include a variety of interventions identified as evidence-based by nationally recognized research reviews. The ABA services must be administered by a licensed psychologist, a Board Certified Behavior Analyst-Doctorate (BCBA-D), a Board Certified Behavior Analyst (BCBA), a Board Certified Assistant Behavior Analyst (BCaBA), and/or a Registered Behavior Technician (RBT) working within his/her scope of practice. When services are provided by a BCaBA or RBT, they must be performed under the direction of a BCBA-D or BCBA.

The following ABA services are available to eligible children/adolescents with ASD when the ABA services are determined to be medically necessary:

- An ABA assessment by a psychologist, BCBA-D or BCBA;
- An ABA reassessment administered to a child/adolescent every 180 days by a psychologist, BCBA-D or BCBA;
- A behavior identification supporting assessment administered to a child/adolescent by an RBT under the direction of a BCBA-D or BCBA;
- A behavior identification supporting assessment and adaptive behavior treatment with four required components for specific, severe destructive behaviors conducted in a structured and safe environment by two or more BCaBAs/RBTs with the psychologist, BCBA-D or BCBA onsite;
- ABA therapy that consists of individual, group and social skills therapies, which may be administered by various providers. To see which providers may provide which service, go to COMAR 10.09.28.04;
- ABA parent training that consists of individual training with or without the child present and multiple-family group training. To see which providers may provide which service, go to COMAR 10.09.28.04;

- Direction or remote direction of a BCaBA or RBT, performed by a BCBA-D or BCBA. The direction must be performed in person at least 25 percent of the time. Please note that the provider must obtain approval by the Department or Beacon Health Options for remote direction; and
- ABA treatment planning performed by a psychologist, BCBA-D or BCBA and consisting of the development and revision of treatment plan and goals, data analysis, and real-time, direct communication with the participant's other service providers. Treatment planning can be utilized for a maximum of four hours per month.

Limitations

The ABA services must be delivered in a home or community setting, including a clinic, when medically necessary.

The ABA provider may not bill the Maryland Medical Assistance Program for the following services:

- Services rendered when measurable functional improvement or continued clinical benefit is not met, and treatment is not deemed medically necessary;
- Services not preauthorized by Beacon Health Options;
- Services rendered that are beyond the provider's scope of practice;
- Services rendered but not documented in accordance with COMAR 10.09.28.04F;
- Services rendered by mail or telephone;
- Services whose purpose is vocationally based or recreationally based;
- Respite services;
- Services that duplicate a service that a participant is receiving under another medical care program; and
- Services provided in a 24-hour, 365-day residential program funded with federal, State, or local government funds.

The ABA provider may also not bill Maryland Medical Assistance program for:

- Custodial care;
- Completion of forms and reports;
- Broken or missed appointments; and

- Travel to and from site of service.

Services shall be discontinued if no longer medically necessary because:

- Long-term treatment goals and objectives are achieved; or
- The participant is not demonstrating progress towards treatment goals and objectives and measurable functional improvement is no longer expected.

Contact Information

For additional information about the ABA program, e-mail your inquiries to: MDH.ABA@maryland.gov.

ABA resources including the ABA fee schedule, provider manual, and FAQs can be viewed on the MDH ABA webpage at <https://mmcp.health.maryland.gov/epsdt/ABA/Pages/Home.aspx>.

For questions regarding billing, preauthorization and provider registration, please contact *Beacon Health Options* at http://maryland.beaconhealthoptions.com/provider/provider_home.html.

ABA Fee Schedule (Effective January 1, 2019)

CPT Code	Description	Provider	Rate	Time	Daily Max	Limitations
97151	Behavior identification assessment	Psychologist/BCBA-D/BCBA	\$27.50	15 minutes	32 units	
97152	Behavior identification supporting assessment	BCaBA/RBT	\$13.75	15 minutes	32 units	
H2012	Adaptive behavior treatment planning	Psychologist/BCBA-D/BCBA	\$27.50	15 minutes	16 units	Maximum of 4 hours per month
0362T	Exposure behavior identification supporting assessment	2 or more BCaBAs/RBTs with BCBA-D/BCBA onsite	\$37.50	15 minutes	32 units	BCBA-D/BCBA must be onsite, defined as immediately available and interruptible to provide assistance and direction
97153	Adaptive behavior treatment by protocol modification	Psychologist/BCBA-D/BCBA BCaBA/RBT	\$ 17.50 for Psychologist/BCBA-D/BCBA \$15.00 for BCaBA \$13.75 for RBT	15 minutes	32 units	
97154	Group adaptive behavior treatment by protocol	Psychologist/BCBA-D/BCBA BCaBA/RBT	\$7.50 per participant for Psychologist/BCBA-D/BCBA \$6.00 per participant for BCaBA; \$5.00 per participant for RBT	15 minutes	16 units	Group limited to 2-8 participants

CPT Code	Description	Provider	Rate	Time	Daily Max	Limitations
97155/97155 (GT)	Adaptive behavior treatment direction	BCBA-D/BCBA	\$27.50	15 minutes	24 units	GT modifier signifies remote direction of technician
97156	Family adaptive behavior treatment guidance without the child present	Psychologist/BCBA-D/BCBA/BCaBA	\$15.00 for Psychologist/BCBA-D/BCBA \$8.75 for BCaBA	15 minutes	16 units a day	
97156 (U2)	Family adaptive behavior treatment guidance with the child present	Psychologist/BCBA-D/BCBA/BCaBA	27.50 for Psychologist/BCBA-D/BCBA \$15.00 for BCaBA	15 minutes	16 units a day	
97157	Multiple-family group adaptive behavior treatment guidance	Psychologist/BCBA-D/BCBA	\$9.25 per participant	15 minutes	10 units a day	Group limited to 2-8 families
97158	Group adaptive behavior treatment with protocol modification	Psychologist/BCBA-D/BCBA	\$7.50 per participant	15 minutes	10 units a day	Group limited to 2-8 participants
0373T	Exposure adaptive behavior with protocol modification	2 or more BCaBAs/RBTs with BCBA/BCBA-D onsite	\$37.50	15 minutes	24 units a day	BCBA-D/BCBA must be onsite, defined as immediately available and interruptible to provide assistance and direction.